



# ELEMENTARY ENDORSEMENT

NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD

SFN 51947 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number	
Work Telephone Number		Email Address	
Home Telephone Number		M.I.	
Last Name	First Name	M.I.	Maiden Name
Mailing Address		City	State Zip (9 digit)

**Prerequisite:** Valid North Dakota Educator's professional license.

**Reeducation Plan:** Work with an approved college of education to complete this form. List the coursework in your educational plan and return a copy of the form to ESPB for approval.

**Endorsement Request and Verification:** Once you have finished the requirements, request the endorsement be added to your license by returning this form to ESPB along with your official transcripts and verification of experience.

**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed. There is no additional fee to add this endorsement at the normal renewal time for your license.

**Timeline:** This endorsement must be completed prior to your first contracted employment as an elementary teacher in North Dakota. This timeline applies only to the completion of the endorsement and does not change your regular license renewal due date.

## Elementary Program of Study

ESPB will conduct a review of past coursework to develop a program of studies for completion of the elementary endorsement.

Coursework	Completed (SH)	Needed (SH)
Educational foundations		
Educational psychology		
Child development		
Teaching/learning theory		
Educational diagnosis/assessment		
Multicultural/native american studies		
Educational technology		
Classroom/behavioral management		
Inclusive education		
Basic elementary methods courses: (12 SH Minimum)		
Reading		
Language Arts		
Math		
Science		
Social Studies		
Other elementary methods courses to complete a total of 32 SH		
	<b>Total SH</b>	<b>Total SH</b>
Supervised student teaching in regular classroom below grade 7 (5 weeks minimum) or if applicable, college supervised clinical practice in regular classroom below grade 7.		
<b>Praxis II 30522 Grades K-6</b> (cut score 162)	<b>Test Score</b>	
<b>Praxis II 10011 Elementary 1-6</b> (cut score 158)	<b>Test Score</b>	
Signature of Applicant	Date	

ESPB Review	Date
Executive Director, ESPB	Date
License Code <b>50015</b>	Type of Equivalency <b>12</b>
	Level of Preparation <b>14</b>

**Submit completed form and \$75 fee to:**

ESPB, 2718 Gateway Avenue, Suite 303, Bismarck ND 58503, (701) 328-9641 office, (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card